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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000076673 (0)

1. Corporation Name
CHADA THAI & JAPANESE RESTAURANT, INC.

Principal Place of Business	Mailing Address
1860 N. UNIVERSITY DRIVE PLANTATION FL 33322	1860 N. UNIVERSITY DRIVE PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report:

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: 65-0539377 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~THEPHITHACK, PAKINEE~~ ~~4215 N. UNIVERSITY DRIVE~~ ~~PLANTATION FL 33322~~ ~~PONGPAEW, CHAING~~ ~~1860 N. University Drive~~ ~~plantation, FL 33322~~	81 Name: PONGPAEW, CHAING 82 Street Address (P.O. Box Number is Not Acceptable): 1860 N. University Drive 83 84 City: Plantation FL 85 Zip Code: 33322

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Chaing Pongpaew — DATE: 2/21/95
(Required, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	1.1 TITLE		☐ Change ☐ Addition
NAME	~~THEPHITHACK, PAKINEE~~	1.2 NAME		
STREET ADDRESS	~~1860 N. UNIVERSITY DRIVE~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~PLANTATION FL 33322~~	1.4 CITY-ST-ZIP		
TITLE	~~D~~	2.1 TITLE	P/D	☐ Change ☐ Addition
NAME	PONGPAEW, CHAING	2.2 NAME		
STREET ADDRESS	1860 N. UNIVERSITY DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chaing Pongpaew — Date — (Daytime Phone #)
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

0230311 CP